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CONFIRMATION NO. 5579

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APPLICANTS

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** CONTINUING DATA *****

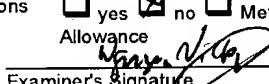
This appln claims benefit of 60/173,829 12/30/1999

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature  Initials 		2	16	3

ADDRESS

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TITLE

Low frequency cataract fragmenting device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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